



CIRCUIT COURT, JUVENILE DIVISION: EJJ COVER SHEET (Page 1 of 3)

FILING INFORMATION:

EJJ Motion Filing Date: _____

(Hearing and Disposition Information Continued on Page 2)

EJJ COVER SHEET CONTINUED (Page 2 of 3)

Juvenile Name: _____ **Case Number:** JV-_____

DISPOSITION INFORMATION (CONTINUED):

EJJ Designation Hearing: Hearing Date: _____ Child's Attorney Present: ☐ Yes ☐ No
 Type: ☐ Bench ☐ Plea

Order Date: _____

- ☐ Designation Granted - Date of Scheduled EJJ Adjudication
☐ Petition Dismissed - Date of Delinquency Adjudication

Competency Hearing: Child's Attorney Present: ☐ Yes ☐ No

Juvenile Found:

- ☐ Fit to Proceed ☐ Unfit to Proceed Hearing Date: _____ Order Date: _____
☐ Had Capacity ☐ Lacked Capacity Hearing Date: _____ Order Date: _____

EJJ Adjudication/Disposition Hearing: Hearing Date: _____ Child's Attorney Present: ☐ Yes ☐ No
 Type: ☐ Bench ☐ Plea ☐ Jury (adjudication only)

Order Date: _____

- ☐ EJJ Petition Dismissed
☐ EJJ Adjudicated for the following:
☐ EJJ petition reduced to delinquency petition for the following:

1. Code Number _____ Type _____ Class _____ Counts _____ Offense Name _____
 2. Code Number _____ Type _____ Class _____ Counts _____ Offense Name _____
 3. Code Number _____ Type _____ Class _____ Counts _____ Offense Name _____

Disposition: Hearing Date: _____ Order Date: _____
 Type: ☐ Bench ☐ Plea (Enter dates only if different than dates entered above.)

☐ Order Juvenile Disposition

- ☐ Commit to DYS
☐ Placement in: ☐ Juvenile Detention Facility ☐ Home Detention with Electronic Monitoring
☐ Grant permanent custody to an individual
☐ Transfer custody: ☐ Licensed Agency ☐ Relative ☐ Other
☐ Order juvenile to submit to evaluations: ☐ Physical ☐ Psychiatric ☐ Psychological
☐ Order family member to submit to evaluations: ☐ Physical ☐ Psychiatric ☐ Psychological
☐ Order parent/guardian to attend parent responsibility training program
☐ Order parent/guardian to pay juvenile cost of: ☐ Commitment ☐ Detention
☐ Order: ☐ Probation: # Months _____ ☐ Indeterminate
 ☐ Restitution \$ _____ ☐ Public Service: # Hours _____
 ☐ Fine \$ _____ ☐ Court Costs \$ _____ ☐ Other
☐ Suspended Driver's License ☐ Order Restricted Driving Permit

☐ Suspend imposition of adult sentence

DYS Release Hearing: Petition Date: _____ Child's Attorney Present: ☐ Yes ☐ No
 Hearing Date: _____
 Order Date: _____

- ☐ Juvenile release from DYS commitment granted
☐ Juvenile release from DYS commitment denied

 Clerk's Signature

 Date

EJJ COVER SHEET CONTINUED (Page 3 of 3)

Juvenile Name: _____ **Case Number:** JV- _____

Review Hearing: _____ **Hearing Date:** _____ **Child's Attorney Present:** ☐ Yes ☐ No

Order Date: _____

☐ Amend juvenile disposition to include: _____

☐ Add juvenile disposition to include: _____

☐ Enter adult sentence of: _____

Additional Court Action

Hearing Date: _____ **Order Date:** _____

☐ Adoption ☐ Guardianship ☐ Civil Commitment ☐ Paternity

☐ Custody ☐ Child Support ☐ IV-D Case (For OCSE use only)

Plaintiff SSN: _____ **DOB:** _____

Defendant SSN: _____ **DOB:** _____

Family Information:

☐ There are no children born of the marriage.

Full Name(s) of child(ren):	_____	DOB: _____	SSN: _____
	_____	DOB: _____	SSN: _____
	_____	DOB: _____	SSN: _____
	_____	DOB: _____	SSN: _____
	_____	DOB: _____	SSN: _____

Payee (Custodial Parent/Other) Address: _____

Public Law 104-193 Information:

<input type="checkbox"/> () Custody Placed With:	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Other (Name) _____
<input type="checkbox"/> () Child Support	<input type="checkbox"/> New	<input type="checkbox"/> Modified	<input type="checkbox"/> Terminated
<input type="checkbox"/> () Spousal Support	<input type="checkbox"/> New	<input type="checkbox"/> Modified	<input type="checkbox"/> Terminated
<input type="checkbox"/> () Order of Protection	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Child
<input type="checkbox"/> () Income Withholding	Employer _____		
	Address _____		
	Telephone _____		

Clerk's Signature

Date

AOC 34 10-01
625 Marshall Street
Little Rock AR 72201

Effective 1-1-2002

Send 1 paper or electronic copy to AOC upon Filing.
Send 1 paper or electronic copy to AOC upon Disposition.
Keep original in Court file.